1040	U.	.S. Individual Incom	ne Tax Return	(99) 2011 OMB	No. 1545-0074	IRS Use Only - Do	not write	or staple in this space.
For the year Jan. 1-Dec	31, 2	011, or other tax year beginning		New York	ending	, 20		See separate instructions.
		CONTROL DESIGNATION OF NAME AND ADDRESS OF THE PROPERTY OF THE	Last name		2-110-110-110-110-110-110-110-110-110-11	,20		Your social security number
JOSEPH R			BIDEN JR	•				
SAGOTTE CONTRACTOR OF THE SAGOTTE SAGO	use's	first name and initial	Last name					Spouse's social security number
			BIDEN					41 33
	nber a	nd street). If you have a P.O.		ns.		Apt.	no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office	e. state	, and ZIP code. If you have a forei	gn address, also comple	ete spaces below.		de la companya de la		Presidential Election Campaign
WILMINGTO	M	DE		90 (40 PM) 4 PM C 24 C PM C 25 C PM (40 C C M C C C M C C C M C C C C C C C C				Check here if you, or your spouse if filing jointly, want \$3 to go to
-			Foreign r	province/county		Foreign posta	Londe	this fund. Checking a box below will not change your tax or refund.
Torcigit country nai	110		T Greight p	or ovince/county		1 or eight posts	1 0000	X You X Spouse
	1	Single		4	Head o	of household (with	qualifyi	ing person). If the qualifying
Filing Status	2	X Married filing jointly (e	won if only one had					ependent, enter this child's
	3					nere. 🕨	your uc	pendent, enter una enna a
Check only	3	Married filing separate				ing widow(er) wit	h danan	dont shild
one box.	0-	and full name here.) Boyes checked o
Exemptions		X Yourself. If someone						on 6a and 6b
		X Spouse				ependent's	(4)√ if o	No. of children on 6c who:
	C	Dependents:	Lange and the same of the same	(2) Dependent's social security number		ionship to	under ag qualifying	for child odid not live with
		(1) First name	Last name		+	you	tax cre	you due to divorce or separation
								(see instructions)
If more than four	-							Dependents on 6c
instructions and				E E				not entered above
check here 🕨 🗀	╛.			i				Add numbers on lines
	d	Total number of exemption	s claimed					above
Income	7	Wages, salaries, tips, etc. A	Attach Form(s) W-2				. 7	THE RESERVE AND ADDRESS OF THE PROPERTY.
	8a	Taxable interest. Attach So	hedule B if required				. 8a	2,827.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Tax-exempt interest. Do n						
	9a	Ordinary dividends. Attach	Schedule B if requir	red			. 9a	
	b							
	10			d local income taxes				
was withheld.	11							
	12	Business income or (loss).	Attach Schedule C	or C-EZ			12	9
If you did not	13	Capital gain or (loss). Attac	h Schedule D if requ	uired. If not required, check	here	▶ □	13	
	14	Other gains or (losses). Att	ach Form 4797				. 14	
see instructions.	15a	IRA distributions	15a		b Taxable amo	unt	15	
	16a	Pensions and annuities	16a	31,995.	b Taxable amo	unt	16	
121 M W 1997 M	17	Rental real estate, royalties	, partnerships, S co	rporations, trusts, etc. Attac	h Schedule E		. 17	12,653.
	18	Farm income or (loss). Atta	ach Schedule F				. 18	
	19							
please use	20a	Social security benefits	20a	28,454.	b Taxable amo	ount	20	ы 24,186.
Form 1040-V.	21	Other income. List type and	d amount				21	
	22	Combine the amounts in th	e far right column fo	or lines 7 through 21. This is	s your total in d	ome	> 22	379,035.
	23	Educator expenses Certain business expenses of re	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23			
Adjusted	24	officials. Attach Form 2106 or 2	106-EZ	tists, and fee-basis government	24			
	25	Health savings account ded	duction. Attach Form	n 8889	25		213111	
Income	26	Moving expenses. Attach F	orm 3903		26			
	27	Deductible part of self-emp	loyment tax. Attach	Schedule SE	27			
	28	Self-employed SEP, SIMPL	E, and qualified plan	ns	28			
	29	Self-employed health insur			29			
	30	Penalty on early withdrawa			30		1122-11	
	31a	Alimony paid b Recipien			31a			G I
	32	IRA deduction			32			.00.0 (1) (2) (3)
	33	Student loan interest deduc	11 A 11 C		33			
	34				34			
	35			ch Form 8903	Committee of the commit			
Your first name and JOSEPH R If a joint return, spot JILL T Home address (num Gity, town or post office WILMINGTO Foreign country nam Filing Status Check only one box. Exemptions If more than four dependents, see instructions and check here Income Attach Form(s) W-2 here. Also attach Forms W-26 and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not get a W-2, see instructions. Enclose, but do not get a W-2, see instructions. Adjusted Gross Income	36	Add lines 23 through 35					36	
110001 11-07-11	37			isted gross income			> 37	379,035.

FORTI 1040 (20 I I		OSEPH K BIDEN OK. & DILL I BIDEN			Page Z
Tax and	38	Amount from line 37 (adjusted gross income)		38	379,035.
Credits	39a	Check \[\infty \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1		
Standard		if: Spouse was born before January 2, 1947, ☐ Blind. checked ▶ 39a	1		
Deduction for -	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here			
People who check any	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	60,628.
box on line 39a or 39b or	41	Subtract line 40 from line 38	5 C C C C C C C C C C C C C C C C C C C	41	318,407.
who can be claimed as a		Exemptions. Multiply \$3,700 by the number on line 6d		42	7,400.
dependent.	42	Targette income Custometrics 40 from line 41. If line 40 is more than line 41 parts: 0			
0.8				43	311,007.
	44			44	80,087.
	45			45	6,805.
Single or	46			46	86,892.
Married filing	47				~
\$5,800	48	Credit for child and dependent care expenses. Attach Form 2441			
Married filing	49	Education credits from Form 8863, line 23		*	
Qualifying	50	Retirement savings contributions credit. Attach Form 8880 50			25.
widow(er), \$11,600	51			25	72
Head of	52		9		90
household,		Other credits from Form: a 3800 h 8801 c 53		Kg, U	
\$6,500				54	
		Cuttoret line 54 from line 4C 16 line 54 is more than line 4C antes 0			06 000
Other				55	86,892.
		Self-employment tax. Attach Schedule SE		56	
raxes	57			57	
	58			58	
	59a	Household employment taxes from Schedule H		59a	1,008.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
	60	Other taxes. Enter code(s) from instructions		60	
	61			61	87,900.
Payments				41	STATEMENT 4
If you have					63
a qualifying	_64a	Earned income credit (EIC) 64a			· a
	_64 a b	Earned income credit (EIC) 64a Nontaxable combat pay election 64b			G.
a qualifying child, attach	64 a b 65	Rontaxable combat pay election 64b Additional child tax credit. Attach Form 8812 65			· ·
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a qualifying child, attach Schedule EIC.	64 a b 65 66 67 68 69 70 71 72	Raned income credit (EIC) 64a Nontaxable combat pay election 64b Additional child tax credit. Attach Form 8812 65 American opportunity credit from Form 8863, line 14 66 First-time homebuyer credit from Form 5405, line 10 67 Amount paid with request for extension to file 68 Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	>	73	87,663.
a qualifying child, attach Schedule EIC. Refund	64 a b 65 66 67 68 69 70 71 72 73 74 a	Ranned income credit (EIC) 64a Nontaxable combat pay election 64b Additional child tax credit. Attach Form 8812 65 American opportunity credit from Form 8863, line 14 66 First-time homebuyer credit from Form 5405, line 10 67 Amount paid with request for extension to file 68 Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	>	7	87,663.
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Refund Direct deposit? See instructions.	64 a b 65 66 67 68 69 70 71 72 73 74 a b 75	Nontaxable combat pay election 64b Additional child tax credit. Attach Form 8812 65 American opportunity credit from Form 8863, line 14 66 First-time homebuyer credit from Form 5405, line 10 67 Amount paid with request for extension to file 68 Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing number 1 c Type: Checking savings d number 1	b	73	87,663.
Refund Direct deposit? See instructions. Amount You Owe	43 Taxable income. Subtract line 42 from line 41. It line 42 is more than line 41, enter-O- 44 Tax. Check if any from: a				237.
Refund Direct deposit? See instructions. Amount You Owe Third Part	64 a b 65 66 67 68 69 70 71 72 73 74 a b 75 76 77	Earned income credit (EIC) 64a Nontaxable combat pay election 64b Additional child tax credit. Attach Form 8812 65 American opportunity credit from Form 8863, line 14 66 First-time homebuyer credit from Form 5405, line 10 67 Amount paid with request for extension to file 68 Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing Number Savings of number Account of line 73 you want applied to your 2012 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penelty (see instructions) 77 To you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Completers to the payment of the payment of the payment of the payment of line 73 you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Completers to the payment of the payment o	ete belo	73 74a 76	237.
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Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here	64 a b 65 66 67 68 69 70 71 72 73 74 a b 75 76 77 Y Denna	Rarned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 First-time homebuyer credit from Form 5405, line 10 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing number Amount of line 73 you want applied to your 2012 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penalty (see instructions) 77 To you want to allow another person to discuss this return with the IRS (see instructions)? WALTER H. DEYHLE, CPA 100 Phone WALTER H. DEYHLE, CPA 100 Phone Walter of certury, 1 declare that 1 have examined this return and accompanying schedules and statements, and to the bescorrect, and formpriesy. Declayation of preparer (other than taxpayer) is based on all information of which preparer has any knowledger of preparer of the payment of the peacorrect, and formpriesy. Declayation of preparer (other than taxpayer) is based on all information of which preparer has any knowledger.	ete belo	74a 76 OW. Persons	237.
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Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint return? See instructions.	64 a b 65 66 67 68 69 70 71 72 73 74 a b 75 76 77 Y Denna	Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing number	ete belo	73 74a 76 Persona number inowled Day If the Prot	No al identification (PIN) de and belief, they are true, time phone number
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Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint retur? See instructions. Keep a copy for your	64 a b 65 66 67 68 69 70 71 72 73 74 a b 75 76 77 Y Denna	Rarned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 Eirst-time homebuyer credit from Form 5405, line 10 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing Amount of line 73 you want applied to your 2012 estimated tax Amount of line 73 you want applied to your 2012 estimated tax To Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated tax penalty (see instructions) To your signature Date Spouse's occupation VICE PRESIDENT Spouse's occupation VICE PRESIDENT Spouse's occupation	ete belo	73 74a 76 W. Persons anumber anowled Day If the Prot ente	237. No al identification (PIN) dge and belief, they are true, time phone number e IRS sent you an Identity ection PIN, ir it here
Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint retur? See instructions. Keep a copy for your records.	64a b 65 66 67 68 69 70 71 72 73 74a b 75 76 77 y Deense	Ramed income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 Eirst-time homebuyer credit from Form 8863, line 14 Eirst-time homebuyer credit from Form 5405, line 10 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing Savings of an unimber Amount of line 73 you want applied to your 2012 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Completions Estimated tax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Completions Estimated tax penelty (see instructions) Date Phone Phone Proparer's passed on all information of which preparer has any knowled, your signature. Figure of the proparation of preparer (other than taxpasyr) is based on all information of which preparer has any knowled, your signature. Proparer's signature. Preparer's signature. Preparer's signature. Preparer's signature. Preparer's signature. Preparer's signature. Preparer's signature. Date Check self-emple.	ete belo	73 74a 76 W. Persons anumber anowled Day If the Prot ente	237. No al identification (PIN) dge and belief, they are true, time phone number e IRS sent you an Identity ection PIN, ir it here
Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint return? See a copy for your records. Paid Preparer	64a b 65 666 67 68 69 70 71 72 73 74a b 5 75 76 77 Y Decrease WA	Ramed income credit (EIC) 64b 65 Nontaxable combat pay election 64b 65 Additional child tax credit. Attach Form 8812 65 American opportunity credit from Form 8863, line 14 66 First-time homebuyer credit from Form 5405, line 10 67 Amount paid with request for extension to file 68 Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a	ete belo	73 74a 76 W. Persons anumber anowled Day If the Prot ente	237. No al identification (PIN) dge and belief, they are true, time phone number e IRS sent you an Identity ection PIN, ir it here
Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	64a b 65 666 67 68 69 70 71 72 73 74a b 5 75 76 77 Y Decrease WA	Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 First-time homebuyer credit from Form 5405, line 10 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Routing number	ete belo	73 74a 76 W. Persons anumber anowled Day If the Prot ente	237. No al identification (PIN) dge and belief, they are true, time phone number e IRS sent you an Identity ection PIN, ir it here
Refund Direct deposit? See instructions. Amount You Owe Third Part Designee Sign Here Joint retur? See instructions. Keep a copy for your records. Paid Preparer Use Only	64a b 65 66 67 68 69 70 71 72 73 74a b 75 76 77 y Deense	Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Form 8812 American opportunity credit from Form 8863, line 14 First-time homebuyer credit from Form 5405, line 10 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 8839 c 8801 d 8885 Add lines 62, 63, 64a, and 65 through 71. These are your total payments If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid Amount of line 73 you want refunded to you. If Form 8888 is attached, check here Ruting Amount of line 73 you want applied to your 2012 estimated tax 75 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions Estimated tax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated tax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? Estimated flax penelty (see instructions) To you want to allow anot	ete belo	73 74a 76 W. Persons anumber anowled Day If the Prot ente	237. No al identification (PIN) dge and belief, they are true, time phone number e IRS sent you an Identity ection PIN, ir it here

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 07

Name(s) shown on Form 1040 our social security number JOSEPH R BIDEN JR. & JILL T BIDEN Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) **Dental** 2 Enter amount from Form 1040, line 38 ______2 **Expenses** 3 Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 Taxes You State and local (check only one box): SEE STATEMENT 5 Paid 18,580. a X Income taxes, or General sales taxes 10,837 Real estate taxes (see instructions) 7 Personal property taxes Other taxes. List type and amount 29,417. 9 Add lines 5 through 8 25,671 Interest Home mortgage interest and points reported to you on Form 1098 10 10 You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person 11 from whom you bought the home, see instructions and show that person's name, identifying no., and address Note. Your mortgage 12 Points not reported to you on Form 1098. See instructions for special rules 12 interest Mortgage insurance premiums (see instructions) deduction may be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) instructions). 25,671. 15 Add lines 10 through 14... 5,540. STMT 6 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see instructions 16 Charity Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 If you made a 17 gift and got a 18 Carryover from prior year benefit for it, 5,540. see instructions. 19 Add lines 16 through 18 19 Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106-EZ if required. (See instructions.) Miscellaneous **Deductions** 22 22 Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount 24 24 Add lines 21 through 23 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-Other Other - from list in instructions. List type and amount Miscellaneous **Deductions** 28 Total Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, Itemized 60,628. 29 Deductions If you elect to itemize deductions even though they are less than your standard deduction,

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

➤ See instructions.

OMB No. 1545-0074 Attachment Sequence No. 08

Your social security number

Note. If you received a Form Edition of the total interest shown on that form. Note. If you received a Form Edition of the total interest shown on that form. Note. If you received a Form Edition of the total interest shown on that form. Note. If you received a Form Edition of the total interest shown on that form. Note. If you received a Form Edition of the total interest on series Earnd I U.S. savings bonds issued after 1989. Attach Form 815 Subtract life 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a Amount I Continued a Form 1089-DN or received a Form 1089-DN or a brokerage firm, list the firm's name as the received a Form 1089-DN or on that form. Note. If you received a Form 1089-DN or a brokerage firm is the firm's name as the received a Form 1089-DN or on that form. Note. If you received a Form 1089-DN or a brokerage firm is the firm's name as the received a Form 1089-DN or a brokerage firm, list the firm's name as the Form 1089-DN or I Continued the ordinary dividends shown on that form. Note. If you received a Form 1089-DN or a brokerage firm is the firm's name as the Form's name as the						
Part I 1 List name of payer. If any interest is from a seler-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's secoled security number and address by MASS MUTUAL LIFE New CaSTIE COUNTY SCHOOL EMPLOYEE FCU UNITED STATES SENATE FEDERAL CREDIT UNION VILIMINGTON SAVINGS FUND SOCIETY All ASS MUTUAL LIFE MASS MUTUAL LIFE	mount					
Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ MASS MUTUAL LIFE NEW CASTLE COUNTY SCHOOL EMPLOYEE PCU UNITED STATES SENATE FEDERAL CREDIT UNION WILMINGTON SAVINGS FUND SOCIETY MASS MUTUAL LIFE IS excludable interest on series EE and IU.S. savings bonds issued after 1989. Attach Form 8815 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a Note. If line 4 is over \$1,500, you must complete Part III. 1 Il linary idends 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 8a Note. If line 6 is over \$1,500, you must complete Part III. 4 Ill eign counts 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 8a Note. If line 6 is over \$1,500, you must complete Part III. 7 A tany time during 2011, did you have a financial interest or ordinary dividends; (b) has a bank account, securities account, or located in a foreign country? See in If "Yes," are you required to file Form TD F 90.22.1 to report that financial interest or signature authority over a financial interest or signature authority over					
						2.5
						36.
						7.
					0 7	6.
1099-INT,						12.
		A STATE OF THE PROPERTY OF THE	1	-	200	15.
statement from		AND		-		42. 8.
		MASS MOTOAL LIFE		-		0 .
name as the				-		
iomi.						
				-		
	2		2	1	2.83	27.
		Excludable interest on series FE and LLLS, savings bonds issued after 1989.		+		
			3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a			2,82	27.
	No	te. If line 4 is over \$1,500, you must complete Part III.		A	mount	5
	5	List name of payer				
Dividends						
					90	
E1 2 E2						
			.	*		
			5			
name as the				2		
				-		
dividends shown			1	-		
on that form.						
				-		
			1	***************************************		
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			
	No					
Part III			a for	eign		NI-
	acc	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		1504	res	No
	7a	At any time during 2011, did you have a financial interest in or signature authority over a financial a	accou	nt (such		
		as a bank account, securities account, or brokerage account) located in a foreign country? See ins	struct	ions		X
Trusts		If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature auth	nority'	? See	1212/01/11	
		Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirement	s			
	b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the finan	cial a	ccount		
		is located ▶				
127501	8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a fore	gn tru	ıst?		
11-02-11		If "Yes," you may have to file Form 3520. See instructions				X

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 1040A or 1040) 2011

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service Name(s) shown on return

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

➤ Attach to Form 1040, 1040NR, or Form 1041.

► See separate instructions.

OMB No. 1545-0074

Your social security number

JOSEPH R BIDEN JR. & J	ILL T BIDEN									
A Did you make any payments in 2011 that wou		(see instri	uctions	Y		· · · · · · · · · · · · · · · · · · ·	-		Yes X	No
B If "Yes," did you or will you file all required For		(500 1154)	10110113	,					Yes	No
Part I Income or Loss From Re		valties	Note	. If you are	in the	business o	f rent	ing persona		
Schedule C or C-EZ (see instructions		-							n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gaution. For each rental property listed on line 1, of	And the last of th								iture (O.IV)	
reporting income not subject to self-employment to		, ii you ow	nou the	it property	us a m	Jiliboi oi a	quan	nou joint voi	itaro (dov)	
1 Physical address of each property-street, city,	24779	Type-fro	m list	2 For eac	h renta	l real		Fair Rental	Personal	QJV
		belov		estate p	propert	y listed,		Days	Use Days	
WILM	INGTON, DE	1		report		nber of fair rental	Λ	365		
A WILM	21101011, 22			value a	nd days	s with	В		 	<u> </u>
c	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\neg	person instruc		See	С		1	\vdash
Type of Property:				modrae						
	Short-Term Rental 5 Land		7 Sr	elf-Rental						
2 Multi-Family Residence 4 Commercia		ies		ther (descr	ihe)					
Income:	u troyun	1	0 0	inor (dood)	50)	Prop	ertic	es		
		ŀ		Α			В		С	-
3a Merchant card and third party payments. For 2	2011 enter -0-	3a			0.					
b Payments not reported to you on line 3a				20,9	00.					
4 Total not including amounts on line 3a that are				20,9				-		-
Expenses:										
and the state of t		5								
6 Auto and travel (see instructions)										
7 Cleaning and maintenance										
8 Commissions										
9 Insurance										
10 Legal and other professional fees										
11 Management fees										
12 Mortgage interest paid to banks, etc. (see insti	ructions)			5,7	99.					-
13 Other interest				700 10 50						
14 Repairs										
15 Supplies										
16 Taxes				2,4	48.					
17 Utilities										
18 Depreciation expense or depletion										
19 Other (list)		19								
20 Total expenses. Add lines 5 through 19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20		8,2	47.					
21 Subtract line 20 from line 4. If result is a (loss)										
		. 21		12,6	53.					
22 Deductible rental real estate loss after limitatio	n, if any, on Form 8582									
		22	e V)	10 10)()
23a Total of all amounts reported on line 3a for all					23a			1010		
b Total of all amounts reported on line 3a for all					23b					
c Total of all amounts reported on line 4 for all r					23c	2	0,	900.		
d Total of all amounts reported on line 4 for all r					23d		_			
e Total of all amounts reported on line 12 for all					23e		٥,	799.		
f Total of all amounts reported on line 18 for all					23f		0	0.47		
g Total of all amounts reported on line 20 for all					23g		8,	247.	10.0	F 2
24 Income. Add positive amounts shown on line								24	12,6	53.
25 Losses. Add royalty losses from line 21 and ro								25 ()
26 Total rental real estate and royalty income o							40			
on page 2 do not apply to you, also enter this					vise, ind	auae this		00	10 6	52
amount in the total on line 41 on page 2								26	12,6	220

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

Attach to Form 1040 or Form 1040NR.

Your social security number

J(OSEPH R BIDEN JR. & JILL T BIDEN		
P	art I Alternative Minimum Taxable Income	<u>, </u>	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the	ПТ	
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	318,407.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, Or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
	Taxes from Schedule A (Form 1040), line 9	3	29,417.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	ii
	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
	per many and a super a	17	
	Disposition of property (difference between AMT and regular tax gain or loss) Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 7	18	0.
	Loss limitations (difference between AMT and regular tax income or loss)	20	
	Circulation costs (difference between regular tax and AMT)	21	
	Long-term contracts (difference between AMT and regular tax income)	22	
			The state of the s
	Mining costs (difference between regular tax and AMT)	23	
	Research and experimental costs (difference between regular tax and AMT)	24	
	Income from certain installment sales before January 1, 1987	25	
20	Intangible drilling costs preference	26	
	Other adjustments, including income-based related adjustments	27	
20	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	00	347,824.
D	28 is more than \$223,900, see instructions.) art II Alternative Minimum Tax (AMT)	28	J41,024.
	Exemption. (If you were under age 24 at the end of 2011, see instructions.)		
23	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$112,500 \$48,450		
	Married filing jointly or qualifying widow(er) 150,000 74,450 Married filing separately 75,000 37,225 STMT 8	29	24,994.
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines		222 020
1920	31, 33, and 35, and go to line 34	30	322,830.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	 If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 		0.000
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.	31	86,892.
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by		
	26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing		
	separately) from the result.		
32	Alternative minimum tax foreign tax credit (see instructions)	32	06 000
	Tentative minimum tax. Subtract line 32 from line 31	33	86,892.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47).		00 00=
	If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	80,087.
Symmes	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	6,805.
LH	For Paperwork Reduction Act Notice, see your tax return instructions.		Form 6251 (2011)

JOSEPH R BIDEN JR. & JILL T BIDEN Page 2 Form 6251 (2011) Part III Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions. 36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line 36 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the 37 amount to enter 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 38 39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 40 Enter the smaller of line 36 or line 39 41 41 Subtract line 40 from line 36 42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result _____ 42 43 Enter: • \$69,000 if married filing jointly or qualifying widow(er), \$34,500 if single or married filing separately, or • \$46,250 if head of household. 44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-44 45 45 Subtract line 44 from line 43. If zero or less, enter -0-46 Enter the smaller of line 36 or line 37 46 47 47 Enter the smaller of line 45 or line 46 48 48 Subtract line 47 from line 46 49 49 Multiply line 48 by 15% (.15) If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50. 50 Subtract line 46 from line 40 51 51 Multiply line 50 by 25% (.25) 52 Add lines 42, 49, and 51 53 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from 53 the result _____ 54 Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter

this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31

Form 6251 (2011)

	-	ALTERNA	RNATIVE MINIMUM TAX RECONCILIATION	CONCILIATION REPORT	RT		
Name(s)	=						Social Security Number
JOSEPH	H R BIDEN JR. & JILL T	BIDEN					
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Ē	COTTAGE - , WILMINGTON, DE * REGULAR INCOME * AMT NET INCOME	12,653.					
724 23 734 23 734 23 734 23 734 23 734 23							

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

See separate instructions.

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99) Name of employer

Social security number

JC	SEPH R BIDEN JR. & JILL T BIDEN	Employer Identification number
Α	Did you pay any one household employee cash wages of \$1,700 or more in 2011? (If any household employe under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question	
	Yes. Skip lines B and C and go to line 1. No. Go to line B.	
В	Did you withhold federal income tax during 2011 for any household employee?	
	Yes. Skip line C and go to line 5. No. Go to line C.	
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011 to all household em (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)	ployees?
-	No. Stop. Do not file this schedule. Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 201 to complete this form for 2011.)	1 do not have
P	art I Social Security, Medicare, and Federal Income Taxes	
1	Total cash wages subject to social security taxes	
2	Social security taxes. Multiply line 1 by 10.4% (.104)	. 2 749.
3	Total cash wages subject to Medicare taxes 3 7,200	0.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4 209.
5	Federal income tax withheld, if any	5
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6 958.
7	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011 to all household employed (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)	oyees?
	No. Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file line 7 instructions.	Form 1040, see the
	X Yes. Go to line 8.	

Schedule H (Form 1040) 2011

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

		SEPH K DI		י הדדר ד	DIDIN								Page Z
Part II F	-ederal Une	employment (F	OTA) Tax									V	NI-
8 Did you pa	ay unemploym	ent contributions t	o only one state? (I	If you paid co	ontributions t	to a cred	lit reduction	state,		Î		Yes	No
see instru	ctions and che	eck "No.")									8	X	3
			outions for 2011 by								9	X	
10 Were all w	ages that are t	taxable for FUTA ta	ax also taxable for y	your state's ι	inemployme	nt tax?					10	X	
			lines above, comple										
If you c	hecked the "N	o" box on any of the	ne lines above, skip	1000 - 2000 - 10	*	Section	ı B.						
				Section A	1								
11 Name of t	he state where	you paid unemplo	yment contributior	ns		D:	E						
12 Contributi	ons paid to you	ur state unemplovi	ment fund		1 12	, l		22.					
			none idira						13			7.0	00.
			s on line 13 paid be						1.0				
			6. Enter the sum of										
			s. Enter the sum of		EE STA			"	14				50.
and go to	III 0 20			Section E								-	
15 Complete	all columns be	Now that apply (if y	ou need more space	ce see instri	ictions).						4.0		
(a)	(b)	(c		(d)	(e)		(f)		(g)			(h)	
Name Taxa	ble wages (as	State exper	ience rate	State	Multiply col		Multiply col. (b)) 5	Subtract from co	col. (f)		ntribution	
of define state	ed in state act)	From	То	experience rate	by .054	8	by col. (d)	Š	If zero or enter	less,		mployn	
									enter	0		idild	
-								_					
	<u> </u>												
40 7 1 1								46					
			WAR TO FIND AND AND AND AND AND AND AND AND AND A		CONTRACTOR STATES AND			16					
									40				
			the line 13 instruct						18				
			paid before July 1										
	200). Enter the sum of		100				19				
E 190	N=0	A STATE OF THE PARTY OF THE PAR			20)		_					
21 Enter the					9								
16 NO 115TOOL			use the worksheet						21				
			ter the result here	and go to line	23				22				
	The second secon	ehold Employr							Γ			0	EO
			d the "Yes" box or		ge 1, enter -()			23				58. 08.
									24			Ι,υ	00.
	quired to file F		*SYSY AS SYLL	1627-1628-1638-1638-1638-1638-1	WARRY 122250 100			u nationale					
			ne 24 above on For		59a. Do not	comple:	te Part IV be	low.					
077			V. See instructions				Processor Processor						
		ox if mail is not delivered	Complete this part of	only it require	ea. See the II	ine 25 in:	structions.		I Apt., re	oom, or sui	te no.		
/ Ida coo (Ilambor d	and disolog or 1 .o. b	ox ii maii io not dontalo	10 00000 200										
City town or post	office, state, and ZII	P. code											
only, town or poor	omoo, otato, and En	. 5545											
11-1		at the construction of this s	schedule, including accon	in-a statema	unto and to the h	poot of my l	enauladas and h	allof it io	true cor	root and o	omplete	No per	t of any
payment made to a	a state unemployme	iat i nave examined this s ent fund claimed as a cre	dit was, or is to be, deduc	npanying stateme cted from the pay	ments to employ	yees. Decla	ration of prepare	r (other th	an taxpa	yer) is base	ed on all	informa	ition of
which preparer has	any knowledge.												
Employer's s	ignature						Date		_				
	Print/Type pre	eparer's name	Preparer's	signature		Date	Ch	neck L	if	PTIN			
Paid							se	lf- empl	oyed				
Preparer	Firm's name]	>					F	irm's El	N 🕨				
Use Only													
	Firm's addres	ss 🕨					P	hone n	0.				

Schedule H (Form 1040) 2011

JOSEPH R BIDEN JR. & JILL T BIDEN

FORM 1040	PENSIONS AND ANNUITIES		STATEMENT	1
OFFICE OF PENSIONS AMOUNT RECEIVED THIS YEAR	D.	31,995.		
NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTIO		169.		
			31,8	26.
TOTAL INCLUDED IN FORM 1	040, LINE 16B		31,8	26.

FORM	1 1040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT 2
X B	CK ONLY ONE BOX: SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER) MARRIED FILING JOINTLY MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2011	
Д,	MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2011	
1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A	28,454.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT	20,454.
	ENTER ONE HALF OF LINE 1	14,227.
4.	INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF	354,849.
Е	PUERTO RICO THAT YOU CLAIMED	360 076
	ADD LINES 2, 3, AND 4	
	LINE NEXT TO LINE 36	0. 369,076.
9.	\$-0- IF YOU CHECKED BOX C	32,000.
	[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2011, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A.	
10.	[X] YES. SUBTRACT LINE 8 FROM LINE 7	337,076.
	\$-0- IF YOU CHECKED BOX C	12,000.
	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 ENTER THE SMALLER OF LINE 9 OR LINE 10	325,076.
	ENTER ONE HALF OF LINE 12	12,000. 6,000.
	ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	276,315.
	ADD LINES 14 AND 15	282,315.
17.	MULTIPLY LINE 1 BY 85% (.85)	24,186.
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	24,186.

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATEME	ENT	3
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA ME TAX	DICA TAX	
T UNITED STATES SENATE	225,521.	65,069.	12,675.	s	4,486.	3,27	70.
S NORTHERN VIRGINIA COMMUNITY COLLEGE	82,022.	12,741.	4,181.		3,465.	1,19	€6.
TOTALS	307,543.	77,810.	16,856.		7,951.	4,46	56.
=). 1			
FORM 1040	FEDERAL	INCOME TAX	WITHHELD		STATEME	ENT	4
T UNITED STATES SENATE S NORTHERN VIRGINIA COM S OFFICE OF PENSIONS T WITHHOLDING FROM FORM TOTAL TO FORM 1040, LIN	1099-SSA	ÆGE			1	55,06 2,74 2,73 7,11	41. 39. 14.
SCHEDULE A	STATE AND	LOCAL INCO	ME TAXES		STATEME	ENT	5
DESCRIPTION			ĸ		AMOU	JNT	
OFFICE OF PENSIONS UNITED STATES SENATE NORTHERN VIRGINIA COMMUN DELAWARE PRIOR YEAR BAL	ANCE DUE AN				1	2,67 4,18	
EXTENSION PAYMENTS - S VIRGINIA PRIOR YEAR BAL EXTENSION PAYMENTS - S	ANCE DUE AN	TD					81.

SCHEDULE A	CASH C	ONTRIBUTIONS		STATEMENT	6
DESCRIPTION			AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
CHESAPEAKE CLIMATE ACTI BBHI ANNUAL CATHOLIC APPEAL WILMINGTON, DE ST. JOSEPH'S ON THE BRA NORTHERN VIRGINIA COMMU SCHOLARSHIP FUND WORLD FOOD PROGRAM USA WESTMINSTER PRESBYTERIA YWCA OF DELAWARE DELAWARE BOOTS ON THE G PHILADELPHIA CHAPTER AL WOUNDED WARRIOR PROJECT PFLAG ST. LOUIS UNIVERSITY HI WORLD FOOD PROGRAMME	FOR THE DIOCE NDYWINE NITY COLLEGE N CHURCH ROUND S ASSOCIATION	ALUMNI	50. 360. 1,000. 1,080. 1,000. 500. 200. 200. 200. 50. 50.		
SUBTOTALS		•	5,540.		
TOTAL TO SCHEDULE A, LI	NE 16	и		5,5	40.
FORM 6251	PASSI	VE ACTIVITIES	<u> </u>	STATEMENT	7
		NET INCO	ME (LOSS)		
NAME OF ACTIVITY	FORM	AMT	REGULAR	ADJUSTMEN	T
COTTAGE - WILMINGTON, DE	SCH E	12,653.	12,653.		

FOI	RM 6251	EXEMPTION WORKSHEET	STATEMENT	8
1	MARRIED FILING JOS	INGLE OR HEAD OF HOUSEHOLD; \$74,450 IF INTLY OR QUALIFYING WIDOW(ER); \$37,225 SEPARATELY	74,4	50.
2	ENTER YOUR ALTERNAT	VE MINIMUM TAXABLE INCOME	, 1, 1	500
3	ENTER: \$112,500 IF \$ \$150,000 IF MARRIE	LINE 28 347,824. SINGLE OR HEAD OF HOUSEHOLD; ED FILING JOINTLY OR ER); \$75,000 IF MARRIED		
4	FILING SEPARATELY			
4	ENTER -0	I LINE 2. IF ZERO OR LESS		
5	SUBTRACT LINE 5 FROM ANY OF THE THREE CAGE 24 APPLY TO YOU OTHERWISE, STOP HE	25% (.25)	24,9	
7 8 9		MOUNT FOR CERTAIN CHILDREN UNDER AGE 24		
10		F LINE 6 OR LINE 9 HERE AND ON FORM 6251, D FORM 6251, LINE 30		

JOSEPH R BIDEN JR. & JILL T BIDEN

SCHEDULE H		FUTA	TAX :	LINE	14		STATEMENT	9
TIME PERIOD	LINE 13	WAGES			PERCENTAGE	ſ	SUM	
BEFORE 7/1/2011		4,050.			800. X		32	2.
AFTER 6/30/2011		2,950.			X .006		18	3.
SCHEDULE H, LINE 14					TOTAL		. 50).

	20	D11 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01				
	or F	iscal year beginning and ending				
		ocial Security No. Spouse's Social Security No.				
R	Your L	ast Name, First Name and Middle Initial Jr., Sr., II	I., etc.			
ATTACH LABEL HERE	BTI	DEN JOSEPH R J	R			
3		e's Last Name, Spouse's First Name Jr., Sr., II				
Æ	BTI	DEN JILL T				
품		t Home Address (Number and Street) Apt. #	_			
IAC						
AT	City, S	tate, ZIP Code		36		
	WTI	LMINGTON, DE				
		FILING STATUS (MUST CHECK ONE)	Form DE2210	If you w	ere a part-year resident in 2011, give th	e dates you resided in Delaware.
	ıГ	Single, Divorced, Widow(er) Married & Filing Head of Household	Attached	From	2011 то	T December
	, E	Joint 4. X Married & Filing Combined Separate on this form		I I I I I I I	Month Day	Month Day
	Colu	Imn A is for Spouse information, Filing Status 4 only. All other filing sta	tuses use Column B	<u> </u>	Column A	Column B
	1.	DELAWARE ADJUSTED GROSS INCOME. Enter amount from Page 2, L		4	110,386.	225,521.
	2a.	If you elect the DELAWADE CTANDADD DEDUCTION check here		-	220,0000	220 / 022 0
	Ζα.	Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$32 Filing Status 4 Enter \$32	50 in Column A and in Column B			
	b.	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here	B	•	22 071 1	21,025.
	(E)	Filing status 4 enter Itemized Deductions from Page 2, Line 48 in Columns A and B ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized I	Doductions con instruction	. 2	22,071.	41,045.
	3.			(15)		
		CHECK BOX(ES) Column A - if SPOUSE was	Column B - if YOU were			
		65 or over Blind Multiply the number of boxes checked above by \$2500. If you are filing a combined so (Filing status 4) enter the total for each appropriate column. All others enter total in Co	65 or over Blind L			
			lùmn B	. 3	22 071	21 025
	4.	TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here		. 4	22,071.	21,025.
	5.	TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on the		. 5	88,315.	204,496.
		Column A	Column B			
	6.	Tax Liability from Tax Rate Table/Schedule 4,91	1. 12,986.	6	,	
	7.	Tax on Lump Sum Distribution (Form 329)		7	4 011 1	10 000
	8.	TOTAL TAX - Add Lines 6 and 7 and enter here		8	4,911.	12,986.
	520	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 3, see instructions.		ropriate		
	9a.	·	0	9a	110.	110.
303	22		Column B 1			
HERE	9b.		over (Column B) X		110	110
S		CONTROL 1			110. 3,614.	110.
3MS	10.		E Schedule I and other state return		3,014.	
0	11.	Vol. Firefighter Co. # - Spouse (Column A) Self (Column B)				
STAPLE W-2 FOR	12.	Other Non-Refundable Credits (see instructions)				
ΈV	13.	Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit				
걸	14.	Earned Income Tax Credit. See instructions on Page 8 for ALL require			2 024	220.
ST	15.	Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and			3,834.	12,766.
	16.	BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8			1,0776	14,700.
	17.	7	3. 12,675.	17		
	18.	2011 Estimated Tax Paid & Payments with Extensions		18		
	19.	S Corp Payments and Refundable Business Credits		19		
	20.	2011 Real Estate Estimated Payments		20	553.	12,675.
101	21.	TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here		21	524.	91.
E	22.	BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 ar		22	324.	21.
T	23.	OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 a		23		
STAPLE CHECK HERE	24.	CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, compl				
딩	25.	AMOUNT OF LINE 23 TO BE APPLIED TO 2012 ESTIMATED TAX ACCOU				
Щ	26.	PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see est				615.
IAP	27.	NET BALANCE DUE (For Filing Status 4, see instructions, page 9) For all other filing statuses, enter Line 22	plus Lines 24 and 26	PA	Y IN FULL 27	012.
S	28.	NET REFUND (For Filing Status 4, see instructions, page 9)	ZERU DUE/I	O RF H	EFUNDED 28	
		For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23				

2011 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

SECTION A - ADDITIONS (+) 29. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4 29. Interest on State & Local obligations other than Delaware 30. Interest on State & Local obligations other than Delaware 31. Fiduciary adjustment, oil depletion 32. TOTAL - Add Lines 30 and 31 33. Subtotal. Add Lines 29 and 32 34. Subtotal. Add Lines 29 and 32 35. ECTION B - SUBTRACTIONS (-) 36. Interest received on U.S. Obligations 36. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 37. Subtotal. Add Lines 29 and 32 38. Subtotal. Add Lines 29 and 32 39. Subtotal. Add Lines 29 and 32 30. Subtotal. Add Lines 29 and 32 30. Subtotal. Add Lines 29 and 32 30. Subtotal. Add Lines 29 and 32 31. Subtotal. Add Lines 29 and 32 32. Subtotal. Add Lines 29 and 32 33. Subtotal. Add Lines 29 and 32 34. Subtotal. Add Lines 29 and 32 36. Subtotal. Add Lines 29 and 32 37. Subtotal. Add Lines 29 and 32 38. Subtotal. Add Lines 29 and 32 39. Subtotal. Add Lines 29 and 32 30. Subtotal. Add Li	122,886.	256,149.
30. Interest on State & Local obligations other than Delaware 30. 31. Fiduciary adjustment, oil depletion 31. 32. TOTAL - Add Lines 30 and 31 32. 33. Subtotal. Add Lines 29 and 32 122,886. 256,149. 33. SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34.		256,149.
31. Fiduciary adjustment, oil depletion 31 32. TOTAL - Add Lines 30 and 31 32 33. Subtotal. Add Lines 29 and 32 122,886. 256,149. 33 SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		
31. Fiduciary adjustment, oil depletion 31 32. TOTAL - Add Lines 30 and 31 32 33. Subtotal. Add Lines 29 and 32 122,886. 256,149. 33 SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		5
31. Fiduciary adjustment, oil depletion 31 32. TOTAL - Add Lines 30 and 31 32 33. Subtotal. Add Lines 29 and 32 122,886. 256,149. 33 SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		
32. TOTAL - Add Lines 30 and 31 32 33. Subtotal. Add Lines 29 and 32 122,886. 256,149. 33 SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		
33. Subtotal. Add Lines 29 and 32		2
SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		n
SECTION B - SUBTRACTIONS (-) 34. Interest received on U.S. Obligations 34		
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) 35	12,500.	6,442.
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Travelink Program,		,
Delaware NOL Carry forward please see instructions 36		
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr.) *37		24,186.
38. SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here * STMT 2 38	12,500.	30,628.
39. Subtotal. Subtract Line 38 from Line 33 110,386. 225,521. 39	12,500%	30,020.
40. Exclusion for certain persons 60 and over or disabled (See instructions)		
	12,500.	30,628.
	110,386.	225,521.
		443,341.
SECTION G - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and Inable to specifically allocate deductions between spouses, you must prorate in accordance with income.	i you are	
3. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29 STMT 3 43	26,928.	33,700.
44. Enter Foreign Taxes Paid (See instructions) 44	20,520.	33,700.
	26,928.	33,700.
	4,857.	12,675.
17a. Enter State Income Tax included in Line 43 above (See instructions) STATEMENT 4 47a	4,05/.	14,075.
17b. Enter Form 700 Tax Credit Adjustment (See instructions) 47b	22 071	21 025
TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instructions) 48	22,071.	21,025.
SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.	DATE	DE DEATH
		DF DEATH
a. Routing Number b. Type: Checking Savings	Column A	Column B
c. Account Number	SPOUSE	TAXPAYER
d. Is this refund going to or through an account that is located outside of the United States?	1 1	1 1
Note: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.	Month Day Year	Month Day Year
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FO	R YOUR RECORDS	1 01 0.3
Under penalties of perjury, deplare that I have examined this return, including accompanying schedules and state	ements, and believe it is tri	Je, correct and complete.
Your Signature Signature of Paid Preparer WALTER H DEYHL		04 4/11/2
Spouse's Signature firming joint a symbine setum. Date Address-ZIP CodeGELMAN BETHES		& FREEDMAN 4-2930
Home Phone Business Phone Business Phone		EIN, SSN OR PTIN
E-Mail Address E-Mail Address		
NET BALANCE DUE (LINE 27): DELAWARE DIVISION OF REVENUE DELAWARE DIVISION OF REVENUE	35.	ZERO (LINE 28):

P.O. BOX 508

WILMINGTON, DE 19899-0508

P.O. BOX 8765

WILMINGTON, DE 19899-8765

P.O. BOX 8711

WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

2011 DELAWARE RESIDENT SCHEDULES

Name(s): JOSE	EPH R BIDEN	JR. 8	JILL T BIDEN		Social Security N	umber:	
COLUMNS:			oouse of those couples chooset.) Taxpayers using filing sta				
DE SCHEDULE I	- CREDIT FOR INC	OME TAXE	S PAID TO ANOTHER STAT	TE	Filing Status 4 (Spouse Inform COLUMN A	ation	All other filings statuses You or You plus Spouse COLUMN B
See the instruct	- ions and complete tl	he worksh	eet on Page 7 prior to comp	oleting DE Schedule	l.		
Enter the cred	it in HIGHEST to LO \	NEST amo	unt order.				
 Tax impose 	ed by State of <u>VA</u>	(enter 2 ch	aracter state name)	1	3,	614.	и
Tax impose	ed by State of <u>VA</u>	(enter 2 ch	aracter state name)	2			
90	-	(enter 2 ch	aracter state name)	3			
				4			
	•	•		5			
			10 or Resident Return, Line		2	C1 /	
attach a co	opy of the other state	e return(s)	with your Delaware tax reti	urn 6	3,	614.	
	II - EARNED INCOM arned Income Tax Cr		EDIT (EITC) Ich child YOU CLAIMED the		edit for on your fe	ederal re	eturn. CHILD 3
Qualifying Child	Information	L	CHILD I	Cr	IILU Z		GHILD 3
7. Child's Nan	ne (First and Last Nar	me) 7 [
8. Child's SSN	١	8		.tl			
Child's Yea	r of Birth	9					
2011, a stud	d under age 24 at the en ent, and younger than yo use, if filing jointly)?	ou	YES NO	YES	□ NO		YES NO
	ild permanently and t uring any part of 2011		YES NO	yes	□ NO		YES NO
13. Federal ear Form 1040	ned income credit fro A, Line 38a; Form 104	m Federal 10 EZ, Line	ter higher tax amount from C Form 1040, Line 64a; 8a			13	
							.20
			Fatarkas and a F7 Date			15	
			ve. Enter here and on EZ Retu			16	
			d documentation to attach.			10	
DE SCHEDULE I	III - CONTRIBUTION	S TO SPE	CIAL FUNDS				
See Page 13 for	a description of eac	h worthwh	ile fund listed below.				
17. A. Non-Gam	e Wildlife		F. Diabetes Educ.		K. Ovarian Canc	er Fund	
B. U.S. Olym	npics		G. Veteran's Home		L. 21st Fund for		
C. Emergend	cy Housing		H. DE National Guard		M. White Clay Cr		
D. Breast Ca	incer Educ.		I. Juv. Diabetes Fund				
E. Organ Do	nations		J. Mult. Sclerosis Soc.		- 1		
			nd on EZ Return, Line 19			17	
	#"						
This pa	age MUST be se	nt in wit	h your Delaware retur	rn if any of the	SC		completed.

DE 200-01 CREDIT FOR TAX IMPOSED BY OTH	ER STATE	STATEMENT	1
STATE OF VIRGINIA, SPOUSE			
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) VIRGINIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF VIRGINIA "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED B	SY DELAWARE AGI	110,38 82,03 4,93 3,63	22. 11. 14.
= 82,022. / 110,386. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTA = 4,911. X .743047 AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED (C) PRO-RATA TAX	C BY OTHER STATE	.7430 3,64	
AMOUNT OF CREDIT, STATE OF VIRGINIA		3,63	14.
TOTAL TO FORM 200-01, PAGE 1, LINE 10		3,6	14.
DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/	LUMP SUM DIST	STATEMENT	2
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY BENEFITS	0.	24,1	86.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	0.	24,1	0.6

DE 200-01 DELAWARE ITEMIZED D	EDUC	TION WORKSHE	ET ST	CATEMENT 3
		SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE B. TOTAL TAXES, SCHEDULE A, LINE 9. C. INTEREST PAID, SCHEDULE A, LINE 15 D. CONTRIBUTIONS, SCHEDULE A, LINE 19 E. CASUALTY & THEFT, SCHEDULE A, LN 2 F. MISCELLANEOUS, SCHEDULE A, LINE 27 G. OTHER MISC., SCHEDULE A, LINE 28	0	11,323. 12,835. 2,770.	18,094. 12,836. 2,770.	29,417. 25,671. 5,540.
TOTAL ITEMIZED DEDUCTIONS		26,928.	33,700.	60,628.
TOTAL TO FORM 200-01, PAGE 2, LINE 42	-	26,928.	33,700.	

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEM	IZED DEDUCTIONS	STATEMENT 4
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0 .
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	4,662. 3,614.	0 .
LESSER OF SCH A TAXES OR TAX LIABILITY	3,614.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 46A	3,614.	0.

763 Page 1

2011 Staple Here Virginia Nonresident Income Tax Return

Due May 1, 2012

First Name JILL			er wame					Cutt		ocial 5	COCUR		and the second s		
	ı	MI La						Suffix	Your So		Jecui	ty Nur	nber	Chec	
			IDEN											dece	ased
Spouse's First Name (Filing Status	s 2 Only)	MI La	st Name					Suffix	Spouse	's So	cial S	ecurity	Number	Chec dece	ck if ased
Present Home Address (Number a	and Street or	Rural F	Route)						State	of Re	side	nce			
			0.5.0						DE	T.A	WA	RE			
City, Town or Post Office							¥c	State	ZIP C		****	to the shoot			
WILMINGTON								DE	Delinitary (des	583/85//					
Important - Name of Virginia City	v or County i	in which	nrincinal pla	ce of	hus	siness employ	ment or inco		Locali	ty Ci	nde f	rom I	nstructions		_
source is located	y or obuilty i	iii wiiioi	i principai pia	00 01	bu	omooo, ompio	Amont of moo	mo	Locali	ty O	Juo I	OIII I	nou douono		
ourse is located							ity OR	County							
Your Home Phone Number			Your Busine	ss Ph	on		.,	county	Spous	se's	Busir	ess F	Phone Numbe	er	
				(D)	1700-10				A STATE OF THE PARTY OF THE PAR					2.00	Ø
Preparer's PTIN Filing	g Election		Code		2	Ι (we) aut	horize the De	partment c	f Taxat	ion t	o dis	cuss	mv (our) retu	ırn with n	nv
	9					(our) prep							, , , , , , , , , , , , , , , , , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Check Applicable A	Amended Re	turn					nd Address D	ifferent			507		//Re/ //// 1X		
D	Check if Resu						n on 2010 V				Over	seas (on Due Date		
3	211001(1171000		,			- man one	2010 11	Tiotain							
Г	Dependent or	n Anoth	er's			Qualifying	Farmer, Fishe	rman or			FIC (laime	ed on federal	return	
	Return	1171110111	0, 0			Merchant S		i i i i i i i i i i i i i i i i i i i					on loderar		
	iotai ii					irror omanic	Journan				—				
							EXEM	PTIONS	(Enter	Nu	nbe	r belo	ow)		
							227 (2217)	Total	(=1101	110	1150	DOI	,,,	Tota	al
Filing Status (Check Only One	e)			You	D	ependents		Section	1 65	ar avai	Blin	4		Section	
(1) Single - Did you claim federa	l bood of bour	chold? V	EQ	1	+		x \$930 =		٦ĭ	1.		1_	x \$800 =		
Wilder Section (Control of Control of Contro			192001	Н		_				_	_	17	_		
(2) Married, Filing Joint Retu	urn - BOTH m	nust have	Virginia	2	+	<u>-</u>	x \$930 =		- 11				x \$800 =		
				П			-		— -	_	L	1-			
Married, Spouse Has No (3) Enter Spouse's SSN above	Income From	m Any S	Source -	2	+	_	x \$930 =		- 11				x \$800 =		
Spouse's full name															
X (4) Married, Filing Separate				П	ı					\neg		1			
Enter Spouse's SSN above				1	+	_ 1	x \$930 =	9	30				x \$800 =		
Spouse's full nameJOSEE	PH R B	IDE	N JR.												
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70 G 500 F100 A				Add	the		ection 1 blu	s the Tol	tal of	Sect	ion	2. Er	iter the sur	n on Lir	1e 1
 Adjusted Gross Income. 												2. Er 1	nter the sur		
1 Adjusted Gross Income.2 Additions from Schedule 76	63 ADJ. Lin	ne 3.										1		, 886	0
2 Additions from Schedule 76	63 ADJ, Lin	ne 3						(e				- T	122	,886	0
2 Additions from Schedule 76 3 Add Lines 1 and 2.	63 ADJ, Lin	ne 3.										1 2 3	122		0
2 Additions from Schedule 76 3 Add Lines 1 and 2	63 ADJ, Lin	ne 3 I the Aq	ge Deductio	n Wo	orks	sheet). Enter		(e				1 2 3	122	,886	0 0
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16 Veryina Taxable Income computed as a resident. Subtract Line 15 from Line 9. 15 1.00, 9.33 00	Your Name	Your SSN					
17 Percentage from Nonresident Allocation Section below (Enter to one decimal place only). 17 66.7 % 67.322 00	JILL T BIDEN		San				
17 Percentage from Norresident Allocation Section below (Enter to one decimal place only). 17 66.7 % 67.322 00							
17 Percentage from Norresident Allocation Section below (Enter to one decimal place only). 17 66.7 % 67.322 00	16 Virginia Taxable Income computed as a resident. Subtract	Line 15 from Line 9.			16	100,933	00
18 67,322 00							
19						67,322	00
20a	19 Income Tax from Tax Table or Tax Rate Schedule.				19	3,614	. 00
21	20a Your Virginia income tax withheld, Attach Forms W-2, W-2	G, 1099 and VK-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20a	4,181	. 00
22 Extension Payment - submitted using Form 760IP 22 0.0 0.0	20b Spouse's Virginia income tax withheld, Attach Forms W-2,	W-2G, 1099 and VK-1.			20b		00
22 Extension Payment - submitted using Form 760IP 22 0.0 0.0	21 2011 Estimated Tax Payments (Include credit from 2010).				21		00
23 Tax Credit for Low Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17. 23 0.0	22 Extension Payment - submitted using Form 760IP.				22		00
Conditate from Schedule CR, Section S, Line 1A. If claiming Political Contribution Credit only, check box. 25	23 Tax Credit for Low Income Individuals or Virginia Earned Ir	ncome Credit from Sche	dule 763 AD	J, Line 17	23		00
25 Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24 and 25. 26 4, 181 00 00 00 00 00 00 00	24 Total credits from Schedule OSC.				24		00
10 10 10 10 10 10 10 10	25 Credits from Schedule CR, Section 5, Line 1A. If claiming	Political Contribution Cr	edit only, ch	eck box	25	15	00
28 Thine 26 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT. 28 0.0 0						4,181	. 00
29							00
30 30 30 30 30 30 30 30						567	00
Add Lines 29 and 30. If you owe tax on Line 27, add Lines 27 and 31 - OR - If you have an overpayment on Line 28 and Line 31 is larger than Line 28, enter the difference. This is the AMOUNT YOU OWE. Attach payment. Check here if credit card payment has been made. 32 33 35 67 30 36 37 38 39 30 30 30 30 30 30 31 31 31 31							00
Signature Sign							00
larger than Line 28, enter the difference. This is the AMOUNT YOU OWE. Attach payment. Check here if credit card payment has been made. 32 00 00 00 00 00 00 00	31 Add Lines 29 and 30.				31	H	.00
Check here if credit card payment has been made. 32	A STATE OF THE CONTRACT OF THE			and Line 31 is			
33 If Line 28 is larger than Line 31, subtract Line 31 from Line 28. This is the amount to be REFUNDED TO YOU. 33 567 00 Direct Deposit Information					,		
Checking Savings Sav	Check here if credit card payment has been made				32		. 00
Checking Savings Sav					2 200		
Your bank routing transit number Your bank account number A · All Sources B · Virginia Sources		Water Trans		NDED TO YOU	. 33	567	00
Your bank routing transit number Your bank account number A - All Sources B - Virginia Sources	The state of the s	Checking	_ Savings				
Your bank routing transit number Your bank account number NONRESIDENT ALLOCATION PERCENTAGE. Enter negative numbers in brackets. 1							
NONRESIDENT ALLOCATION PERCENTAGE. Enter negative numbers in brackets. 1 Wages, salaries, tips, etc. 1 R 2, 022 0 82, 022 00 2 Interest income. 2 2,712 00 3 Dividends. 3 0 00 0 00 5 Business income or loss. 5 0 00 6 Capital gain or loss/capital gain distributions. 6 Capital gain or loss/capital gain distributions. 7 Other gains or losses. 7 0 00 8 R 1axable pensions, annuities and IRA distributions. 8 31,826 00 9 Rents, royalities, partnerships, estates, trusts, S corporations, etc. 9 Rents, royalities, partnerships, estates, trusts, S corporations, etc. 9 Rents, royalities, partnerships, estates, trusts, S corporations, etc. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		nié number		Cour book coo			
1 Wages, salaries, tips, etc. 1 82,022 00 82,022 00 2 Interest income. 2 2,712 00 0 00 3 Dividends. 3 00 0 00 00 4 Alimony received. 4 00 0 00 00 5 Business income or loss. 5 00 0 00 00 00 5 Business income or loss. 5 00 0 00 00 00 00 00 00 00 00 00 00 00	S. Salarini Maria - Salarini Maria		- 1		1		200
2 Interest income 2 2 7,712 00 00 00 00 00 00 00			- 1				6 TO 15 TO 15
3 00 00 00 00 00 00 00						02,022	100000
4 Alimony received. 5 Business income or loss. 5 00 00 6 Capital gain or loss/capital gain distributions. 7 Other gains or losses. 7 00 00 8 Taxable pensions, annuities and IRA distributions. 8 Taxable pensions, annuities and IRA distributions. 9 Rents, royalties, partnerships, estates, trusts, S corporations, etc. 9 6,326 00 00 10 Farm income or loss. 10 00 00 11 Other income. 11 00 00 00 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 13 00 00 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. We, the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. Preparer's Use Only Preparer's Preparer's Phone Number Preparer's Preparer's Phone Number Preparer's Preparer's Phone Number GELMAN, ROSENBERG & BETHESDA, MD 20814-2							
5 Business income or loss. 5							100.00
6 Capital gain or loss/capital gain distributions. 7 Other gains or losses. 7 00 00 8 Taxable pensions, annuities and IRA distributions. 9 Rents, royalties, partnerships, estates, trusts, S corporations, etc. 9 6,326 00 00 10 Farm income or loss. 10 00 00 11 Other income. 11 00 00 00 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 13 00 00 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. 15 One Signature Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Preparer's Phone Number Preparer's Preparer's Phone Number GELMAN, ROSENBERG & BETHESDA, MD 20814-2						15-16-17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	77.77
7 Other gains or losses. 8 Taxable pensions, annuities and IRA distributions. 9 Rents, royalties, partnerships, estates, trusts, S corporations, etc. 9 6,326 00 00 10 Farm income or loss. 10 00 00 11 Other income. 11 00 00 00 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. We, the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Proparer's Phone Number GELMAN, ROSENBERG & BETHESDA, MD 20814-2							
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10 Farm income or loss. 10 00 00 11 Other income. 11 00 00 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 13 00 00 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 14 122,886 00 82,022 00 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. Preparer's Use Only WALTER H DEYHLE, CPA Preparer's Phone Number GELMAN, ROSENBERG & BETHESDA, MD 20814-2							00
11 Other income. 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. Preparer's Use Only WALTER H DEYHLE, CPA Alian Firm's Name (or Yours if Self-Employed) GELMAN, ROSENBERG & BETHESDA, MD 20814-2			The second secon		10000		-
12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. 12 00 00 00 13 Lump-sum distributions/accumulation distributions included on Schedule 763 ADJ, Line 3. 13 00 00 00 14 TOTAL - Add Lines 1 through 13 and enter each column total here. 14 122,886 00 82,022 00 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place but not more than 100% (example 5.4%). ENTER here and on Line 17 on Page 2. 15 66.7 % (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. Please Sign Here Preparer's Signature Preparer's Signature Firm's Name (or Yours if Self-Employed) WALTER H DEYHLE, CPA SIGNAM, ROSENBERG & BETHESDA, MD 20814-2					00		7.55
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Please Sign Here Preparer's Use Only WALTER H DEYHLE, CPA Date Spouse's Signature (if a joint return, both must sign) Date Firm's Name (or Yours if Self-Employed) GELMAN, ROSENBERG & BETHESDA, MD 20814-2	and on Line 17 on Page 2.		15			66.7	%
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		BET	HESDA,	MD 208	14-2		

12-20-11 Attach A

2011 Virginia Schedule INC/CGReport all W2s, 1099s, and VK-1s with Virginia Withholding

JILL

T BIDEN

Your/ Spouse SSN	Withholding Type	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
_ ,					\neg
	W	4181.			82022.

Virginia Approved Form

Total Virginia Withholding:

SSN

VA Withholding

YOU

4181.

TOTAL NUMBER OF W2S, 1099S AND VK-1S

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